

**DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING
AUTHORITY
P.O. BOX 17907
Honolulu, Hawaii 96817**

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION (LIPH)

If you have a disability and as a result of your disability you need...

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site;
- a change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site;
- a change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable (***does not pose "an undue financial or administrative burden"**), we will try to make the changes you request.

We will give you an answer in 20 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM from your Manager at the management office.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and common areas.

Received By: _____ Date: _____

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**DEPARTMENT OF HUMAN SERVICES
HAWAII PUBLIC HOUSING
AUTHORITY
P.O. BOX 17907
Honolulu, Hawaii 96817**

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION (S8)

If you have a disability and as a result of your disability you need...

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site;
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site (request needs to be made to the landlord or owner of property);
- a change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site (request needs to be made to the landlord or owner of property);
- a change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

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Received By: _____ Date: _____

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**Hawaii Public Housing Authority
Reasonable Accommodations Request Form**

Date: _____

Name of Requester: _____

HPHA Project Name (if applicable): _____

Address: _____

City, State, Zip: _____

Telephone: _____ Cell Phone: _____

Please describe the reasonable accommodation you are requesting:

Have you been provided with a copy of the HPHA policy
on reasonable accommodations?

_____ YES _____ NO

Do you understand the policy and the process?

_____ YES _____ NO

If "No," were your questions answered to your satisfaction?

_____ YES _____ NO

Do you want to be contacted by the HPHA's
Section 504 Coordinator?

_____ YES _____ NO

By signature below, I hereby authorize the HPHA to make any lawful inquiries as to my need for the above requested accommodation(s); specifically, whether I am an individual with a disability as defined by HUD regulations and have a need for the requested accommodation. These inquiries will not involve disclosure of the nature or extent of my disability and will be in conformance with the HUD-US Department of Justice guidance on reasonable accommodation.

Signed: _____ Date: _____

**HAWAII PUBLIC HOUSING
AUTHORITY**

CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Tenant or Applicant Name: _____

Address: _____

Phone: _____

I have applied for housing or am currently in housing and request that you fill out the following certification.

Signed: _____ Date: _____

PLEASE RETURN TO:

PLEASE RETURN NO LATER THAN: _____

1. In my opinion, the Applicant or Tenant has a disability as defined below.

☐ **YES** ☐ **NO**

- A) A physical or mental impairment that substantially limits one or more major life activities.
- B) A record of having such impairment.
- C) Being regarded as having such impairment.

2. In my opinion, the Applicant or Tenant's disability requires that a **wheelchair-accessible** unit be made available to the Applicant or Tenant.

☐ **YES** ☐ **NO**

3. In my opinion, the Applicant or Tenant's disability requires that **other physical modifications to the unit or common area or reasonable accommodations to the rules and policies** of the housing development be made in order for the Applicant or Tenant to have equal opportunity to live successfully in this housing.

☐ **YES** ☐ **NO**

Please describe the special housing features, types if physical adaptations, or accommodations in rules or policies which are needed, or verify that the enclosed description of needed changes, requested by the Applicant or tenant, are necessary for equal enjoyment of the housing opportunity as a result of his/her disability.

- ☐ The following change to the apartment or common area or to policies and procedures is necessary as a direct result of the Applicant/Tenant's disability for the Applicant or Tenant to have an equal housing opportunity.

OR

- ☐ I **do not believe** the applicant/tenant needs a change to the apartment or common area or to policies and procedures as a result of his/her disability to have an equal housing opportunity.

OR

- ☐ I **verify** that the enclosed request for changes to the unit or common area or to the policies and procedures is necessary for the above named person, as a result of his/her disability to have equal housing opportunity.

OR

- ☐ I **cannot verify** that the enclosed request is necessary for changes to the unit or common area or to policies and procedures for the above named person, as a result of his/her disability to have equal housing opportunity.

Please indicate, if known, where any specialized equipment may be obtained:

Date: _____

Signature

Title of Physician or Professional

Address

Phone

Thank you for your assistance in filling out this form.